

Lead Update

February 2000

Lead Poisoning Prevention Month

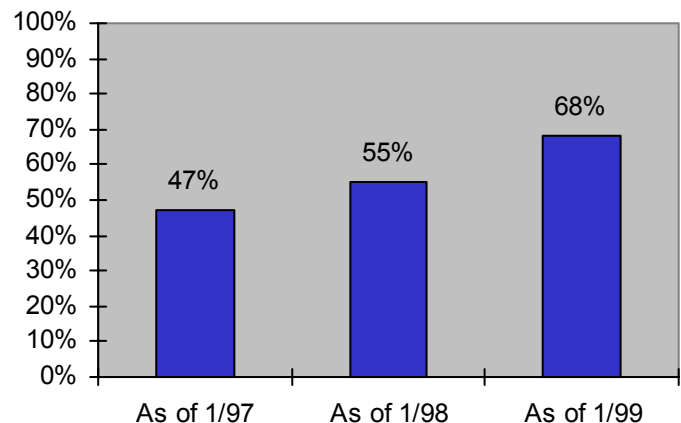
May 2000

The Rhode Island Department of Health's Childhood Lead Poisoning Prevention Program, met with community-based organizations to start planning the Rhode Island celebration for this year's "Lead Poisoning Prevention Month".

Agencies statewide attended the meeting, sharing ideas, to plan activities for the upcoming event.

If your agency is interested in participating, please call 222-5943.

Improving the lead levels of lead-poisoned children ages 0-36 months



★ To measure progress in improving the health of lead poisoned children, we can look at the percentage of children who have ever had lead poisoning (20 ug/dl or higher) who now have lead levels below 15 ug/dl.

★ In Rhode Island children 0-36 months of age with a history of lead-poisoning, this percentage has been increasing, rising from 47% as of January 1, 1997 to 68% as of January 1, 1999

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MAKE HEART PART OF YOUR FAMILY

Door-to-Door Community Assessment

To assess how well the program is doing in the areas of screening and health education, the Childhood Lead Poisoning Prevention Program conducted a door-to-door community assessment targeting hard-to-reach population, that was:

- Tailored to meet ongoing client and program information needs
- Conducted following the Rhode Island Lead Poisoning Prevention Month in May, during Summer of 1999.
- Staffed by a "team" from each community composed of one parent and one college student. The participation was based on census tract list representative of economically depressed areas of five core Rhode Island cities (Central Falls, East Providence, Pawtucket, Providence and Woonsocket).

The Goal

- To increase the level of awareness of lead poisoning dangers, and services provided by the Lead Program.
- To determine the status of lead prevention in the selected communities
- To have a better knowledge of the target communities / population profile.

Program Components

Education

One-on-one peer education sessions with use of incentives (sippy cups and magnets with the 1-800 number).

Outreach

Distribution of brochures from other programs within the Division of Family Health such as WIC and Immunization.

Screening & Referral

At each home visit the team assessed if the children living in the home had been screened for lead and when needed gave parents a "voucher" to take their children for screening.

Community Assessment Survey

Objective: to characterize the demographic and social make-up of the target communities.

Program Evaluation

- Are we providing the community with the information they need, in a culturally and sensitive way, so they can relate to it and make sense of it?
- Is the target population using available services?
- What has been the impact of educational messages (from campaign and non-campaign modalities) in the levels of awareness, knowledge and attitudes/behavior?

Follow-up

To assess the effectiveness of the educational component follow-up telephone surveys were conducted by the Parent Consultant during the months of December 1999 and January 2000.

Findings

Access to Health

- 90% of respondents have some kind of insurance coverage.
- 97% of children has insurance coverage.
- 97% of children has a regular doctor

Lead Screening

- 72% of families with children under six stated that all children had been screened
- 13% stated that none of the children had been screened

Lead awareness

- 77% of respondents haven't heard about the Family Health Information Line
- 80% of respondents were aware of Lead Problem in Rhode Island

Lead Knowledge

- 79% of respondents knew that lead poisoning is preventable
- 85% of respondents knew where to go to have children tested
- 72% knew where to go for help if confronted with a lead poisoned child.

- 89% remember receiving lead prevention advice from a physician.

Lead Behavior

- 51% of respondents use "cleaning" as primary strategy for lead prevention
- 34% of respondents use more than one strategy for lead prevention
- 8% of respondents use "nutrition" and 8% use "children's behavior" as primary strategy for lead prevention

Alternate methods to accessing health information

- 69% of the households has a library card
- 91% of the households has a VCR
- 34% of the households has a computer and 43% has access to the Internet

Language spoken

- 55% of the respondents identified English as the language spoken at home
- For 45% of respondents English was not the primary language.

Focus for Future Efforts

Based on the findings that showed us that the majority of the children did have health insurance and did have a regular doctor, and that the majority of the parents did know about the dangers of lead poisoning, and where to go for help, the educational efforts will focus more on providers to insure that children are screened, and for the parents the focus must be more in increasing their advocacy skills and making sure that they talk to their doctors about lead. Also, the target population appears to respond better to educational messages delivered on a one-to-one level, by another peer (parent) instead of to a mass media campaign.

Future outreach efforts will continue to include incentives (sippy cups and magnets) which were found to be effective. Respondents recall seeing the 1-800 number in the incentives rather than on the brochures or posters.